

Title: MHS Implementation of ICD-10 - Status Update

Session: **R-2-0900**



Objective

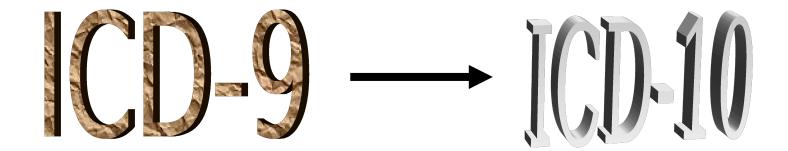
 Provide awareness of TRICARE Management Activity's (TMA's) ICD-10 preparations





Background

 The Department of Health and Human Services published a Final Rule on January 16, 2009, mandating nationwide conversion to ICD-10 coding from current use of ICD-9 by October 1, 2013





TMA Approach to Implementation

- An Integrated Requirements Design workgroup developed initial high-level requirements for costing
- An ICD-10 Integrated Project Team (IPT) was chartered and stood up in October 2010 with the following objectives:
 - Implement ICD-10 in all MHS systems that currently use ICD-9 by the compliance date of October 1, 2013
 - Determine Purchased Care impacts and issue applicable
 TRICARE Manual updates and contract modifications
 - Determine training needs and recommend training materials
 - Conduct ICD-10 communication and awareness
 - Identify impacted DoD Directives, Instructions, Policies, and Forms, and work with Primary Offices of Responsibility for making/tracking updates to these publications



ICD-10 IPT Members

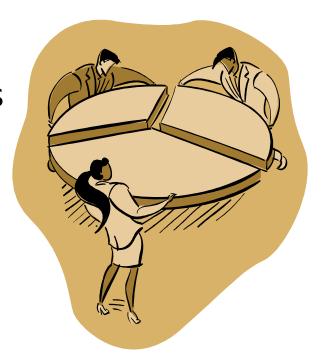
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IPT Current Status

- IPT kicked-off on October 6, 2010
- Four sub-workgroups (SWG) have kicked off to address the objectives of the IPT
 - Training and Communication
 - Forms and Publications
 - Purchased Care
 - Functional Requirements





Current Status - Training & Communication

- Working with Services Representatives, UBO, and UBU to determine training needs
- Researching no-cost educational and training resources that can be posted online for access as needed by coders, clinicians, and others
- Providing communication to stakeholders regarding status of TMA's ICD-10 readiness activities
- In addition to above SWG activities:
 - ICD-10 training is provided at the UBO/UBU annual conferences
 - 3M Coding & Compliance Editor (CCE) contract includes a provision for ICD-10 reference and training material



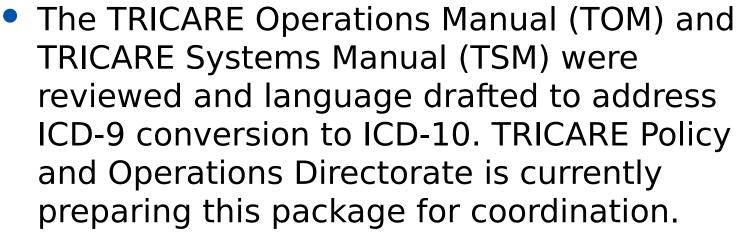
Current Status - Forms and Publications

- To date,19 publications that currently reference ICD-9 codes have been identified. This includes DoD Directives, Instructions, Policies, and Forms
- Working with Primary Offices of Responsibility for making/tracking updates to these

publications



Current Status - Purchased Care



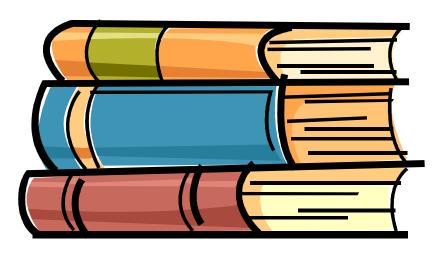


- Draft language for the TRICARE Policy Manual (TPM) estimated to be complete by the end of March 2011.
- Draft language for the TRICARE
 Reimbursement Manual (TRM) planned to
 begin in June 2012 to allow incorporation of
 the latest ICD-10 code set updates. Plan to
 be ready for coordination in October 2012.



Current Status - Purchased Care (cont'd)

- Cost estimates to be requested once manual changes go into coordination.
- Working to get the regulation changed so TRICARE adjudicates claims based on discharge date instead of admission date.
- Assessing ICD-10 impacts to the TRICARE Grouper.





Current Status - Functional Requirements SWG

- Detailed analysis of 24 MHS centrally managed systems is underway.
 - Identify and catalog every current instance and use of ICD-9, including external interfaces.
 - Determine minimum essential requirements to transition from ICD-9 to ICD-10 without negative impact to current processes.
 - Provide cost factors toward accurate remediation estimates.



ICD-10 System Analysis

	Grouping	Program Office
Group:	1 - Sub Group A/11/02/2010 - 01/31/2011)	•
1	AHLTA (include 'data extract file' analysis current sent to CDM)	DHIMS
2	AHLTA-Theater	DHIMS
3	AHLTA-Mobile	DHIMS
Group:	1 - Sub Group B (11/05/2010 - 01/31/2011)	
4	Composite Health Care System (CHCS) – to include outbound feeds such as SIDR, CAPER (SADR replacement), ancillary, etc	DHIMS
5	TMIP CHCS Cachè (TC2)	DHIMS
	2 (11/26/2010 - 02/22/2011)	
6	Federal Health Information Exchange (FHIE)	DHIMS
7	Bidirectional Health Information Exchange (BHIE)	DHIMS
8	Ginical Data Repository/Health Data Repository (CHDR)	DHIMS
Group 3	3 (12/15/2010 - 03/28/2011)	
9	Coding Compliance Editor (CCE)	DHSS
10	TRICARE Encounter Data (TED)	DHSS
11	Defense Blood Supply System (DBSS) – new procurement; validate it is ICD-10 compliant	DHIMS
Group 4	4(01/05/2011 - 04/20/2011)	
12	TMDs/IMeWS - implemented as MSAT	DHIMS
13	Medical Situational Awareness in the Theater (MSAT)	DHIMS
14	TRAC2ES Interface with TMDSTMIP Framework	DHIMS
Group!	5 (01/26/2011 - 05/13/2011)	
15	Joint Medical Analysis Tool (JMAT)	DHIMS
16	ESSENCE	DHSS
17	Common User Database (CUD) - a DMLSS logistics system	DHSS
Group (6 (02/15/2011 - 05/24/2011)	
18	MHSMART (M2)	DHSS
19	MHS Data Repository (MDR)	DHSS
20	Ginical Data Mart (CDM)	DHSS
21	Centralized Credentials Quality Assurance System (CCQAS)	DHSS
22	Patient Encounter Processing and Reporting (PEPR)	DHSS
Group 7		
23	Clinical Case Management (CCM)	DHIMS
24	Disability Evaluation System (DES)	DHIMS



Issues, Risks and Mitigations

Issue

- Initial Industry benchmarks developed by NCHICA/WEDI recommended that covered entities complete impact assessments by end of 2nd quarter 2010 and begin internal system design/development during 3rd and 4th quarters of 2010
- TMA is currently completing an impact assessment and working under a compressed timeline

Risk

 Increased risk of not fully meeting the compliance date of October 1, 2013

Mitigation

- IPT was stood up with DASD oversight to provide comprehensive management to all aspects of ICD-10 implementation in the MHS, including Direct and Purchased Care Operations
- Systems that are expected to require the most extensive changes (AHLTA, CHCS) are being addressed first to allow more time for development, testing, etc., in those



Issues, Risks and Mitigations (cont'd)

Issue

 The ICD-10 system modifications are expected to be very costly; funding is limited

Risk

 Delays in identifying funding may increase risk of not fully meeting the compliance date of October 1, 2013

Mitigation

- DASD is regularly informed of funding needs
- ICD-10 has been identified as a "must fund" budget item
- Working with Portfolio Management to identify available funding
- Working to identify and implement only those requirements deemed essential for meeting





